CLAIMS ONLY

Application Number: 10150689 1

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2	1						52						
3		2					53						
4							54						
5	1						55						
6		2					56						
7		2					57						
8		1					58						
9	1						59						
10		2					60						
11		2					61						
12		2					62						
13		1					63						
14	1						64						
15		2					65						
16		1					66						
17	1						67						
18		2					68						
19		2					69						
20		1					70						
21	1						71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
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28		2					78						
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30		2					80						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	7						Total Indep						
Total Depend	41						Total Depend						
Total Claims	48						Total Claims						